

Mt. Vernon Youth Baseball, Inc.

Corner of Odonnell & Smith Roads

P.O. Box 168

Mt. Vernon, IN 47620



Player Registration & Parent Permission Form

This program is for baseball players that are ages 9 to 14 as of April 30th

Name _____

Date of Birth _____ **Age as of April 30th** _____ **Played for MVYB Before** _____

Address _____

Home Phone _____

School _____

T-Shirt Size: Adult S M L XL XXL **Sock Size:** S M L

I hereby grant permission for my child (child's name) _____ to participate in the youth baseball program at Mt. Vernon Youth Baseball. I will assume all responsibility and obligation for my child in case of injury or accident during participation in this program. I will release Mt. Vernon Youth Baseball, Inc., the Mt. Vernon Park and Recreation Board, and all other paid and voluntary personnel from any and all obligation during the course of the program. We will try to build a proud and quality program for all youth involved.

*****Parents will be obligated to grill and help clean-up concession stand.**

Parent's Signature _____ **Day Phone** _____ **Evening Phone** _____

Volunteer help is a necessity for this league to be a success. Please indicate the areas below in which you would be able and willing to assist us in this program by placing an "F" for father, an "M" for mother or a "B" for both. If we do not have the necessary volunteers, you will be asked to help when needed.

Coaching _____ Assistant Coaching _____ Field Work _____ Board Member _____

Other areas of interested help _____

Official Use Only

Amount Paid _____ **# of Children in Program** _____ **Check # or Cash** _____

Comments: _____ **League** _____